

A  
PROBATIONARY  
ESSAY  
ON  
**BLENNORRHAGIA VENEREA;**

SUBMITTED,  
BY THE AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,  
TO THE EXAMINATION OF THE  
**Royal College of Surgeons of Edinburgh,**  
*WHEN CANDIDATE*  
FOR ADMISSION INTO THEIR BODY,  
IN CONFORMITY TO THEIR REGULATIONS RESPECTING THE  
ADMISSION OF ORDINARY FELLOWS.

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BY  
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TO  
**JAMES HAMILTON** *SENIOR*,

M. D. F. R. S. E.

SENIOR PHYSICIAN TO THE ROYAL INFIRMARY OF EDINBURGH,  
&c. &c.

THIS ESSAY IS DEDICATED,

AS A SMALL MARK OF RESPECT

FOR HIS PRIVATE AND PROFESSIONAL CHARACTER,

FOR THE IMPROVEMENTS INTRODUCED BY HIS WRITINGS

AND EXERTIONS IN THE PRACTICE OF MEDICINE,

AND OF GRATITUDE,

FOR THE MANY FAVOURS AND KINDNESSES CONFERRED

ON HIS AFFECTIONATE NEPHEW

THE AUTHOR.





## REMARKS

UPON

# BLENNORRHAGIA VENEREA.

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**T**HE disease which, in most countries has, for a long series of years, been termed *Gonorrhœa*, is one of very ancient date, and was most probably known to the Jewish Lawgiver, who appears to allude to it in the 15th Chapter of Leviticus.

Whether the disease there described was really *Gonorrhœa* or not, I do not pretend to determine. There can be no doubt, however, as to the fact, that the disease prevailed in Britain at a very early period, and that laws were enacted during



the reign of RICHARD II. to prevent its propagation by contagion \*.

Towards the end of the 15th century, when *Lues Venerea* devastated the southern and western nations of Europe, practitioners in general imagined that Gonorrhœa was merely a variety of that protean disease, and that similar phenomena distinguished its progress and termination.

It is not surprising, that, in an age when the nature of Syphilis was so imperfectly understood, nosologists should have fallen into such a mistake; but it is a remarkable circumstance, that, in the present enlightened era, medical men should still cling to so singular an error †.

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\* TURNER, in a Practical Dissertation on the Venereal disease, published in 1724, observes, at p. 8. "That a gentleman of his acquaintance possessed a manuscript above 300 years old, in which there is a receipt for Brenning of the Pyntyl."

† That Gonorrhœa prevailed in other nations previous to the appearance of *Lues*, is asserted by a late



The opinion which identified the two diseases, met with little opposition for a number of years, and practitioners were contented with directing their efforts to ascertain what parts of the genital apparatus were more particularly implicated in Gonorrhœa. The Vesiculæ Seminales and Prostate Gland, were by many supposed to be the principal seat of the disease in men; while in women, the discharge was said to depend upon a morbid affection of the matrix or womb.

At a very early period, however, several varieties of Gonorrhœa were recognised, and a mode of distinguishing different kinds of discharges from one another pointed out. In a treatise by HIERONYMUS MERCURIALIS, *De Morbis Mulierum*, is the following remark: “Substantia quæ semen est, habet has conditiones, nam tametsi minus crassa sit quam semen viri, verunta-

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French author, who states, that “dans la Chronique de Cardamie, on lit que le roi LANSLAO ou LADISLAS mourut, en 1414, pour avoir été infecté dans le parties de la génération, par une fille qu’il entretenoit.”—*Sur la non-existence de la Maladie Venerienne*, Paris 1811.



men habet et ipsa nonnihil crassitiei; materia quæ semen non est, tenuissima est, et multum fluxilis \*.”

It is evident, from a perusal of the works of the ancient writers, that they were in the habit of confounding what in more modern times has been denominated the Venereal Gonorrhœa, with another disease of a very different character, termed by PLINY “Profluvium seminis.” Indeed, the term Gonorrhœa has, within the last two hundred years, led to many mistaken notions as to the real nature of the complaint, and has rendered the accounts handed down to us of various diseases of the genital organs very obscure, and in several instances unintelligible.

Of the numerous writers on this subject, who flourished shortly after the introduction of Lues into Europe, FALLOPIUS, ASTRUC, and MERCURIALIS, appear to have given the most satisfactory and rational account of the symptoms and

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\* SPACHIUS, De Morb. Mulierum, Argentinae, 1692, p. 272.



treatment of some of the different kinds of morbid discharges from the urethra. And although the theoretical notions advanced by them, differ widely from those entertained at the present day, their practical observations are interesting and valuable. MERCURIALIS, however, has fallen into the usual error of the early physiologists, in supposing that a discharge of semen ever took place from the vagina of women; and although he has very properly confined the term Gonorrhœa to its literal signification, this very circumstance tends only to prove the fallability of his own diagnosis. But the fact of his having attempted to draw a distinction between Gonorrhœa, properly so called, and the blennorrhagic discharges from the urethra, shews that, even at that period, nosologists were at some pains to mark the individual peculiarities of different varieties of secretions.

The nature of Gonorrhœa is now so well understood, that it is almost unnecessary to remark, that it is no longer supposed to depend upon a specific affection of the seminal gland, or of the spermatic receptacles, but upon an altered state



of the secretion from the mucous membrane of the *penis and urethra*. The distinctive characters of this secretion, and the locality of those parts of the genital organs which are more particularly liable to be affected with Gonorrhœa, shall be afterwards described. In the mean time, it may be worth while to allude to a question which has been frequently and keenly agitated.

That variety of Gonorrhœa, on which, from the violence and urgency of its symptoms, the epithet of *Virulent* has been bestowed, was (as been already remarked) for a long time imagined by practitioners in this country to be merely a modification of Syphilis \*.

In France, a similar notion prevails at present ;

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\* TURNER on Syphilis, p. 24.

COCKBURN on the Symptoms, &c. of Gonorrhœa.

Lond. 1728.

HUNTER on the Venereal. London 1786.

BAYFORD, on the Effects of Injection into the Urethra. London 1773.

WHATELEY on Gonorrhœa virulenta, &c.



and M. LAGNEAU, surgeon to the Venereal Hospital in Paris, published, in the year 1815, an ingenious and valuable work, in which he affirms that Syphilis and Gonorrhœa are one and the same disease \*. The arguments which this author adduces in support of his opinions, closely resemble those which previous writers brought forward in support of the doctrine, that Gonorrhœa was merely a modification of Lues †. He has related some cases, however, by which he wishes to prove that his ideas on this subject are founded on legitimate induction ‡. But, on a close perusal of them, I do not find that there is any fact stated, which disproves the statements of the authors whom he attempts to controvert. In p. 31. of his treatise on Blennorrhagia, he expresses his surprise that BELL and DUNCAN should have supposed that the absorption of the syphilitic virus never gave rise to the *Gonorrhœa virulenta*, and is astonished

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\* Exposé des Symptomes de la Maladie Vénérienne, par L. V. LAGNEAU. Paris 1815.

† LAGNEAU, p. 22. &c. &c.

‡ Medical Cases, with Remarks and Observations, Edinburgh.

that they should have attempted to account for the co-existence of Gonorrhœa and Lues, on the supposition that they were the result of two specific contagions, operating at the same time. The reasons which Mr BENJAMIN BELL has offered in his work on *Gonorrhœa virulenta* \*, for asserting that the two diseases differ specifically from each other, seem so obvious and conclusive, that few, I think, who have studied the subject with impartiality, will feel inclined to dispute them.

Every well informed practitioner must have satisfied himself, from actual observation, that, in no two symptoms, do Syphilis and Gonorrhœa bear much resemblance to one another; nor am I aware that there are any cases on record, which prove that the latter was ever communicated by the introduction of the matter of a chancre into the system. They who support the doctrine of the identity of Lues with Gonorrhœa, have only asserted that symptoms RESEMBLING those attending the former, have sometimes followed particular cases of the latter.

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\* Treatise on the *Gonorrhœa virulenta*. Edin. 1797.



If Syphilis and Gonorrhœa were one and the same complaint slightly modified, we should expect to meet with many more instances, in which the latter disease was succeeded by some of the dreadful sequelæ of Lues. But we seldom (at least in this country) hear of Gonorrhœa, however ill treated, being followed by any constitutional malady ; and in those rare cases where the system appears to be affected with dubious symptoms, we have every reason to believe, that the patient had suffered from previous chancres, or that the matter of Gonorrhœa had been itself absorbed, thus giving rise to one of those complaints which Mr ABERNETHY\* has named Pseudo-Syphilitic †.

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\* ABERNETHY, Surgical observations on diseases resembling Syphilis, p. 5. London 1810.

† Mr SAWRY, observes, “ that he has met with some cases which compel him to be of opinion, that the poison of Gonorrhœa may produce Gonorrhœa or Chancre, and that it does produce the same effects as that of Chancre, when received into the circulating fluid.”

These cases appear, at first sight, to be decidedly confirmatory of the propriety of Mr SAWRY's notions on

It has been already remarked, that the term Gonorrhœa is of very ancient date, and was em-

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the subject. On analysing them carefully, however, there are circumstances which would lead us to entertain doubts unfavourable to the conclusions which he has drawn.

In the *first* place, the evidence on which his opinions are founded seems to be defective, for in two cases out of the four which he quotes, it depends upon the testimony of common prostitutes.

In the *second* place, the other two cases present symptoms of a very dubious character. In one, *glandular enlargements* in the groin, with a *foul ulcer* in the throat, succeeded to *Gonorrhœa*. *Swelling of the inguinal glands*, it is well known, may follow any kind of *irritation* existing in the urethra. *The sore throat* may probably have been merely one of those coincidences which frequently take place in delicate habits. In the *last* case to which he alludes, there were also sympathetic buboes, with a cutaneous eruption. The characters of the eruption, however, are not described, so that it is impossible to determine whether it was really syphilitic, or a variety of pseudo-syphilis, deriving its origin from absorption of the matter of Gonorrhœa itself.—SAWRY'S *Inquiry into some of the effects of the Venereal poison*, c. 1. London 1802.



ployed by the Greeks to signify a complaint very different from that at present under consideration.

In truth, the etymology of the word proves the impropriety of the expression \*.

Many attempts have been made to remedy the inconvenience thus occasioned ; but hitherto without complete success. At different periods, and in different countries, the disease has been styled Clap †, an ill-complexioned weeping, Brenning of the Pyntyl ‡, Chaude pisse ||, Venereal Rose, Catarrhus, and Blennorrhagia § syphilitica ¶.

\* Gonorrhœa being derived from the Greek words Γονη, *semen*, and Ρεω, *fluo*.

† From the old French word *Clapiers*, which means certain fixed places, in different quarters of a town, kept and inhabited by public prostitutes, as is still seen in some of the great towns in Italy.—SWEDIAUR *on the Venereal*, vol. i. p. 113. London 1819.

‡ TURNER *on Syphilis*, p. 14.

|| Dict. des Sciences Medicales, Art. Gonorrhée.

§ Blennorrhagia, from βλεννα, *mucus*, and Ρεω, *fluo*.

¶ SWEDIAUR, vol. i.

None of these terms has been esteemed sufficiently specific to convey an accurate idea of the complaint. But as the word *Blennorrhagia* seems to be liable to fewer objections than any of the other denominations, I shall, in order to avoid prolixity, employ it in the course of the following remarks.

#### SEAT OF THE DISEASE.

By *Blennorrhagia* is meant a morbid secretion of mucus or pus from the lining membrane of the urethra and glans in man, and from the same tissue in the urethra and vagina of women. It may derive its origin either from irritation, or from an inflammatory action going on in these parts.

When the disease proceeds from irritation alone, the discharge from the urethra presents all the characters of mucus. But when inflammation exists \*, it assumes the appearance of pus, and is

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\* MORGAGNI, de Causis et Sed. Morb. lib. xlv. art. 8.



attended with pain and heat, and all the other symptoms distinguishing that state in other parts of the body. Before proceeding to describe the peculiar symptoms of Blennorrhagia, it may be as well to state concisely what parts are most usually implicated in the disease.

In the male subject, that part of the mucous membrane of the urethra, which extends from the orifice of the canal to the fossicula navicularis, or the termination of the canaliculi Morgagni, seems to be the most common seat of the purulent or inflammatory Blennorrhagia. The inflammation may, however, spread over the whole surface of the membrane, from the junction of the mucous with the cuticular tissue, posterior to the corona glandis, as far as the vesicular extremity of the membranous part of the urethra.

In some severe cases the inner tunic of the bladder, which is merely a continuation of the lining membrane of the urethra, is also affected; and cases have come under my own observation, in which the ducts of the prostate gland, Couper's glands, and the vesiculæ seminales, seemed to partake of the disease.

It rarely happens, however, that more than the anterior third of the urethra is inflamed, generally, indeed, not more than the extent of half an inch, or three quarters of an inch of the canal; and when pain is referred to the posterior parts of the canal, in the vicinity of the *bulb*, it apparently depends merely upon a sympathetic irritation.

In those cases where the patient has neglected to employ proper remedies for his relief, or when the inflammation is of an erysipelatous description, the cellular structure of the loose skin covering the penis, and even that entering into the composition of the corpus spongiosum, partakes in the complaint. The whole body of the penis becomes enlarged and œdematous, and the prepuce swells so much as to give rise to almost complete phymosis.

From the difference in the anatomical arrangement of the genital parts, a greater extent of mucous surface is exposed to the influence of Blennorrhagic diseases in women than in men: We accordingly find, that in females the urethra,



and the parts more immediately connected with it, are not alone subject to be affected. The vagina and its appendages are also liable; and, indeed, from the nature of their situation, are more apt to suffer, than any of the other parts in their vicinity. With regard to this fact, M. SWEDIAUR, in his Treatise on Venereal Diseases, has fallen into a singular mistake, when he asserts that the late Mr BENJAMIN BELL imagined, that the virulent Gonorrhœa of women had always its seat in the urethra \*. Mr BELL, so far from hazarding such an assertion, observes, that “in women the discharge proceeds either from the vagina or urethra, and in some cases partly from both, †” The statement of Mr BELL on this point does not appear to me to merit the very severe strictures which M. SWEDIAUR has made upon it; nor does it indicate that degree of gross ignorance of which he is accused. The

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\* A Comprehensive Treatise upon the Symptoms, &c. of Venereal or Syphilitic Diseases, by F. SWEDIAUR, vol. i. p. 183. London 1819.

† B. BELL on Gonorrhœa Virulenta, vol. i. p. 158.

accusation, in fact, rebounds with double force upon the author who made it. For he himself must be well aware, that but a very small space intervenes between the orifice of the vagina and the meatus urinarius, and that these parts are constantly liable to come in contact with the glans penis in the act of coition.

A slight attention to the relative situation of these organs, will show, that so far is the urethra from being beyond the reach of contagion, that it is in fact as much exposed as any other part to the lodgment of morbid matter. Besides, when a discharge from the vagina has existed for some time, and even before that has taken place, the irritation and inflammation may spread from the original seat of the disease to parts not primarily concerned. The remarkable sympathy which is known to exist between different surfaces or membranes of the same character, is of itself sufficient to account for the fact, had not experience informed us that we rarely meet with a case of what SWEDIAUR has termed the *Blennorrhagia Syphilitica*, in which the urethra is not implicated.



Within my own limited range of observation, (and more particularly when officiating, through the kindness of Mr MACGRIGOR, as House Surgeon in the Lock Hospital in London), I have had occasion to remark, that the urethra is, as frequently as the vagina, the first seat of Blennorrhagic Inflammation in women, and that the affection extends with great rapidity, unless arrested in its progress by proper treatment. It has also appeared, that the urethral Blennorrhagia is less obstinate, and yields more readily to local and constitutional remedies, than <sup>the</sup> vaginal. Indeed, the latter variety can, in numerous mild cases, be scarcely distinguished from Fluor Albus\*.

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\* DARAN asserts, that in many cases Fluor abus proceeds from venereal contagion, and is almost always accompanied by ulceration of the lining membrane of the vagina.—See A Complete Treatise on the Virulent Gonorrhœa, &c. translated from the French of JACQUES DARAN, p. 169. London 1766.

## SYMPTOMS.

It does not appear to me that much benefit is to be derived, either in a scientific or practical point of view, from dividing Blennorrhagia into different stages, characterised by the relative urgency of the symptoms. The affection, it is true, like all other inflammatory diseases, generally runs a particular course. But these stages do not always follow one determinate arrangement; sometimes acute inflammatory symptoms come on at the commencement, the whole mucous membrane of the urethra is inflamed, and pus mixed with mucus is discharged in large quantities. It would be more convenient, perhaps, to classify the disease according to the nature of the inflammation and discharge attending it, and the modifications which it presents, when occurring in persons of peculiar idiosyncracies. SWEDIAUR has partially adopted this plan, and has described seven varieties of Blennorrhagia, and by doing so, has materially contributed to the scientific treatment of the disease.



Blennorrhagia, or rather Blennorrhagia Purulenta, may be produced by various causes; that class of the disease, however, to which I intend to confine my remarks, is the result of impure connection, and may depend either upon local irritation, or upon the absorption of healthy or morbid secretions. It was for a long time maintained, and some still imagine, that the Blennorrhagia Venerea, derived its origin from a specific contagion; and a late French author goes so far as to affirm, that it may be produced by inoculation on any part of the body; whether this statement is the result of experiment, he has not condescended to inform us. But it appears to me, that, since the publication of RICHAT'S \* interesting work on the Membranes, all the symptoms of the most virulent clap may be accounted for on other principles: What these symptoms are, it is now time briefly to enumerate.

From six hours to as many days after connection, a slight itching (*un sentiment de titillation*),

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\* See also an excellent Treatise (said to be by JOURDAEN), *Sur la non-existence de la Maladie Vénérienne*.

as LAGNEAU expresses it, is felt at the anterior extremity of the urethra. This sensation, which at first is not disagreeable, gradually becomes more intense, and, in a few days, increases to a most painful extent. The apex of the glans penis becomes slightly œdematous, and of a florid or sublivid hue. A scanty discharge of limpid or inspissated mucus may be squeezed out of the urethra, which, in a short time, becomes more abundant, and resembles pus.

Severe pain is felt at the point of the penis during micturition. If the disease is permitted to run its course, more or less of the canal of the urethra, sometimes the whole of it, and the glans penis, become inflamed, swelled, and painful. A sense of uneasiness in the perinæum is complained of. The urine is distilled in drops, and with straining, owing to the œdematous swelling of the mucous membrane of the urethra (*gonflement*), or the enlargement of the red blood-vessels, and to the irritable state of the cervix vesicæ. The glands in the groin also become sympathetically enlarged, and Phymosis or Paraphymosis may take place. These, together with disorder of the digestive organs, and other symptoms of constitu-



tional disturbance, constitute the usual train of phenomena characterizing the milder variety of Blennorrhagia Venerea. In some constitutions, when proper attention has not been paid to the complaint, or during particular states of the weather, other symptoms present themselves. The pain on making water is much increased, amounting to *ardor urinæ*,—the urine flows in a double or forked stream,—night erections of the penis occur,—the penis is bent backwards, and incurvated towards the perinæum, constituting what has been termed Chordée. This symptom is productive of the most excruciating agony, and, unless immediately relieved by plunging the penis into cold water, may induce sickness at stomach, profuse diaphoresis, and even in some cases syncope. At this stage of the complaint the discharge is very abundant, of a truly purulent description, and often tinged with blood. The bladder now begins to participate in the disease. Flakes of mucus, and perhaps of coagulated lymph, are deposited from the urine, which is voided frequently in drops, and with great difficulty. The patient cannot cross his legs, or sit down, without experiencing pain in the perinæ-

um or region of the prostate. The sphincter ani becomes spasmodically affected, and tenesmus attends every attempt at stool. Severe febrile symptoms supervene; the skin assumes a jaundiced hue, the eyes are glaring and suffused, the tongue furred, and the pulse is quick and irritable. If at this period the patient be exposed to cold, or indulges in exercise, or in spirituous or fermented liquors, the discharge from the urethra will most probably cease to flow. The inflammation extends to the ducts of Cowper's Glands and those of the vesiculæ seminales, and along the vas deferens, to one or both of the testicles, which becomes suddenly enlarged and painful.

Such is the usual train of symptoms in very severe cases of Virulent Blennorrhagia, when the disease presents merely local characters. It sometimes happens, however, as Mr ABERNETHY has shewn in his admirable work on Pseudo-Syphilitic Complaints, that, in consequence of friction, or the corrosive effect of the matter accumulated behind the corona glandis, ulceration may take place, and the morbid secretion of Blennorrhagia



be absorbed. In these cases very foul sores are the result, and, in some rare instances, an eruption of copper-coloured blotches all over the body. Nor is the latter fact surprising, when we know, that even the healthy secretions of one person, when inoculated on another individual, will produce a similar effect.

In women, Blennorrhagia presents symptoms in some respects resembling those which accompany the disease in the male. From the nature and arrangement of the parts composing the female pudenda, however, it is not generally attended with the same degree of suffering. From the situation of the vagina, and the function it performs in coition, we should naturally expect it to be more exposed than any other part to the influence of contagion. This, however, is not the case, for we find, that the meatus urinarius, at its external orifice, is, as frequently as the vagina, the primary seat of the disease. It rarely happens that Blennorrhagia is confined to either the vagina or urethra; both of these canals are either simultaneously affected, or the disease extends so rapidly from one to the other, that we

have not often an opportunity of determining in which it originated. As this is fortunately a question of very little importance in a practical point of view, and, as the limits of this paper will not permit me to enter into a minute consideration of it, I shall now proceed to give a short account of the plan of Treatment to be pursued in the cure of Blennorrhagia.

#### TREATMENT.

THE Treatment of Blennorrhagia may, with propriety, be divided into *Constitutional* and *Local*.

*Constitutional Treatment.*—Under the head of Constitutional Treatment, may be arranged all those plans which have been at different times proposed for promoting the general health, and for enabling the system to bear with impunity those consequences which usually succeed local inflammation of mucous membranes.

The mucous, like most of the other tissues,



when in a state of inflammation, however slight that affection may be, gives rise to constitutional symptoms, which are sometimes alarming, and in every instance annoying. Headach, heat of skin, restlessness, general uneasiness, with a quick, hard pulse, and a disordered state of the stomach and bowels, are the usual attendants upon this state of the system.

As these are amongst the most common symptoms of what has been termed Inflammatory Fever, the treatment proper to be adopted for its relief is at once evident.

The antiphlogistic plan ought, in all cases, to be pursued; and when the febrile symptoms are very acute at the commencement of an attack of Blennorrhagia, not only a low diet and rest must be inculcated, but depleting remedies should be pushed to a considerable extent.

If the pulse be strong, full and hard, or wiry and irritable, blood should be drawn from the arm, so as, in a plethoric subject, to induce syncope.

In weak and scrophulous habits, however, this agent must be employed with caution, as it is apt, if carried too far, to induce a state of inaction in the system, and to convert the previous acute inflammatory affection of the urethra, into one of a chronic character, constituting what has been termed *Blennorrhagia Chronica*, or Gleet. Similar caution must be observed in the administration of purgatives, as they, when exhibited in too great quantity, are equally injurious. This fact, with regard to the operation of purgatives, was long ago observed by TURNER \*, who remarks, that, on persevering for a long time in the use of cathartics, he has seen the symptoms of *Blennorrhagia* return with increased violence. In several cases, I have myself observed the bad effects of severe purging, and, in one instance especially, the discharge was evidently kept up for seven months, by the patient having debilitated

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\* P. 49. From a perusal of the passage, from which the above is an excerpt, I should be rather inclined to think, that he alludes, when speaking of the increased violence of the symptoms, to a state of Gleet, and not to a return of acute inflammation.



himself by the too free use of evacuants. From what has been said, it appears, then, that purgatives should be administered with a sparing hand, and not too frequently repeated, except at the commencement of the complaint, when they decidedly assist in promoting the effects of the previous bleeding.

It is a matter of importance also, to regulate the nature and quantity of the purgative according to the idiosyncrasy of the patient. In some habits, even the strongest drastic cathartics may be exhibited, not only with impunity, but with advantage. But, in general, those of a milder character are preferable.

The operation of purgatives is much promoted, by being combined with emetic and sudorific remedies, and more especially with the preparations of antimony.

I have seen much benefit derived from combinations of this nature; in fact, the tartrate\* of

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\* This medicine has been employed with marked benefit in several cases, by Messrs M'GRIGOR, BABING-

antimony seems to exert almost a specific effect upon the mucous membranes.

There is another class of remedies which seems to operate, in a peculiar manner, upon the urinary organs. These have been commonly termed Diuretic, an appellation sanctioned from its antiquity. When we investigate the manner in which they act upon the animal economy, the impropriety, or rather insufficiency, of the designation, is at once obvious ; for although their primary operation is, in many cases, that of stimulants to the kidneys, and promoters of the secretion of urine ; their secondary and principal effect is upon the mucous membrane lining the urinary canals.

The truth of this assertion is proved by the influence which some of the class exert upon the mucous secretions from the urethra, and upon the neck of the bladder, in those cases where they do not operate diuretically.

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TON, and BRIGGS, surgeons to the Lock Hospital in London.



Cantharides, the balsam of copaiba, and solutions of the fixed alkalies, are examples in point. It is well known that the first mentioned of these remedies acts so powerfully, in many instances, upon the neck of the bladder, as even to give rise to Strangury, when no perceptible increase in the secretion of urine can be observed. Copaiba has sometimes a similar effect, and the fixed alkalies are frequently known to relieve all the disagreeable symptoms arising from ardor urinæ, without acting as diuretics.

When by venesection and the exhibition of purgatives, the acute inflammatory symptoms of Blennorrhagia are overcome, and when no uneasiness is experienced, except slight ardor urinæ during micturition, great benefit is occasionally derived from solutions of the caustic soda or potass, given to the extent of from half a drachm to forty minims daily, in any mucilaginous fluid. Under either of these remedies, the scalding sensation felt on making water usually goes off, and no symptom of the disease remains, except a discharge of yellowish or light-green coloured mucus from the urethra.

To remove the discharge, recourse may now be had to the Tinctura lyttæ, balsamum Copaibæ, or Pulvis piperis Cubebi; in conjunction with a generous diet, and one of those astringent injections which shall be described under the head of *Local Remedies*.

The tinct. lyttæ must be given with great caution, and, at first, in very small doses, as its operation is sometimes violent and alarming. The medium dose is fifteen minims twice or thrice a day, in syrup of poppies, or a solution of gum arabic.

In a few days, the patient begins to complain of an uneasy sensation about the neck of the bladder, with a tickling at the apex of the glans. The medicine must now be intermitted, and the patient desired to bathe the perinæum in tepid water. If the discharge shall not disappear, it will be unnecessary to repeat the cantharides, as its operation is very uncertain, and unless it proves efficacious in the first trial, it seldom succeeds on a repetition.



The balsam of Copaiba is, in general, a more certain remedy than the tinct. lyttæ, and may be given to the extent of a drachm three or four times a-day.

It has sometimes the effect, however, of suddenly checking the discharge, and of occasioning a metastasis of the inflammation from the urethra to the testicle: care should therefore be taken not to prescribe it, until all inflammatory symptoms have disappeared. From not attending to this circumstance, I have seen the testicle become inflamed, after the patient had taken only a couple of drachms of the medicine.

The powder of Cubebs resembles the balsam of Copaiba in its operation upon the urethra, and like it must be given in large doses. The usual dose is a drachm three times a day, rapidly increased to six drachms, or an ounce daily; but, like the tincture of lytta, its operation is very uncertain, and in three cases out of seven it is apparently inert.

Should any of these medicines prove ungrate-

ful to the stomach, they may be combined with some of the more pleasant aromatics; or they may be given in conjunction with the common saline effervescing draught.

*Local Treatment.*—When the canal of the urethra is inflamed, and more especially during the earlier stages of Blennorrhagia, no attempt whatever should be made to get the better of the disease by the use of astringent injections, as they are apt to occasion metastasis to the testicle and bladder. The perinæum, penis and anus should be frequently fomented with warm water, or decoction of poppy-heads, an opiate clyster thrown up the rectum; and, in severe cases, local blood-letting may be resorted to. This object is most easily accomplished by means of leeches. Ten, twenty, or thirty leeches may be applied to the perinæum, and from six to thirty ounces of blood in that way abstracted.

In women, this practice is particularly useful for cutting short the disease, and is more serviceable than general bleeding. When all inflammatory action is subdued, recourse may be had to astrin-



gent injections. Care should be taken, however, to make them of a strength proportionate to the delicacy of the organ, and the period of the disease. In irritable and weak habits, a decoction of tea-leaves, or of the cortex cinchonæ, will answer the purpose. But, in general, our injections must be of a more powerful nature. Those containing the salts of silver, copper, zinc, lead and iron, in combination with the watery solution of opium, are usually resorted to.

With regard to injections, it may be observed, that where the metallic salts are employed, they should be exhibited at first in a very diluted state, taking care to augment the strength of the solution according to the circumstances of the case, and the feelings of the patient. From the structure of the female organs, a much more concentrated solution is requisite in the Blennorrhagia of women than of men. It will be necessary also to vary the kind of injection frequently, as in a very short time, the one first used generally loses all influence over the discharge \*. In-

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\* See Commentaries by W. HEBERDEN, Lond. 1802, p. 206.



deed, the treatment by injection is, for the most part, empirical, and is in few instances, comparatively speaking, to be depended upon. From conversations with several old and experienced practitioners, and accurate observers, both in London and Edinburgh, I am led to understand that injections are not so frequently employed at present as they were in the outset of their practice, and I believe that there is good reason for saying that the disease (in its acute form at least) occurs now much more rarely than it did in former times.

FINIS.





